

Request for the extension of the study abroad period

Surname	
First name	
Leuphana E-mail	
Mobile phone	
I would like to extend my studies abroad until (end of study period incl. exams)	<i>(day / month / year)</i>
Date	Signature

Confirmation of host institution

Host institution	
Faculty or department	
Coordinator	
<input type="checkbox"/> approved <input type="checkbox"/> not approved	
Date	Signature

Confirmation of home institution

Home institution	Leuphana Universität Lüneburg
International Center	Sandra Schnell
<input type="checkbox"/> approved <input type="checkbox"/> not approved	
Date	Signature